TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 371 BREAST AND CERVICAL CANCER SERVICES

§371.1. Purpose.

These sections implement requirements and policiesfor the access and delivery of breast and cervical cancer screening and diagnostic services through the Texas Health and Human Services Commission Breast and Cervical Cancer Services Program.

§371.3. Federal Authorization and Requirements.

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Act), Public Law 101-354, and its amendments (Public Law 103-183 and Public Law 105-340) establish a program of grants to states, territories, and tribal organizations for early detection of and prevention of mortality from breast and cervical cancer. The Texas Health and Human Services Commission, through a cooperative agreement with the Centers for Disease Control and Prevention and in compliance with the Act and its amendments, manages the delivery of breast and cervical cancer services statewide through the Breast and Cervical Cancer Services Program.

§371.5. Providers.

(a) Health care providers must be enrolled in Texas Medicaid in order to apply as providers and be reimbursed for services provided in the Breast and Cervical Cancer Services (BCCS) Program, except in very limited circumstances.

(b) If the Texas Health and Human Services Commission (HHSC) is unable to locate a sufficient number of eligible providers offering services in a certain region, HHSC may compensate other local providers for the provision of breast and cervical cancer screening and diagnostic services. Methodologies for determining if a certain region has a sufficient number of eligible providers may include :

(1) estimated number of clients in need;

(2) amount of funds available for allocation;

(3) service capacity of the proposed provider for the provision of breast and cervical cancer screening and diagnostic services;

(4) distance and/or time clients must travel to receive services; and

(5) any other relevant factors HHSC deems relevant for determining provider access.

(c) Upon request, BCCS Program providers must provide HHSC or its designee with all information HHSC or its designee require to determine the provider's compliance with the program requirements.

(d) If HHSC or its designee determines that a BCCS Program provider fails to comply with this section, HHSC or its designee will disqualify the provider from the BCCS Program.

(e) If a BCCS Program provider is disqualified, HHSC or its designee will take appropriate action to:

(1) assist a BCCS client to find an alternative provider; and

(2) recoup any funds paid to the disqualified provider for BCCS services performed during the period of disqualification.

§371.7. Client Eligibility Requirements.

(a) In order for a woman to be eligible for Breast and Cervical Cancer Services, the woman must:

(1) have a gross household income at or below 200% of the adopted federal poverty level; and

(2) be a Texas resident; and

(3) be uninsured (not have access to health insurance) or underinsured (whose health insurance does not fully cover breast and cervical cancer screening and/or diagnostic services).

(b) A woman age 40 or older who meets eligibility criteria is eligible for breast cancer screening and diagnostic services. A woman under age 40 who meets eligibility criteria is eligible for breast cancer diagnostic services. A woman under age 40 who meets eligibility criteria may be eligible for screening services, based on Texas Health and Human Services Commission available funding.

(c) A woman age 21 - 64 who meets eligibility criteria is eligible for cervical cancer screening services. A woman age 18 - 64 who meets eligibility criteria is eligible for cervical cancer diagnostic services.

§371.9. Screening Requirements.

Participating providers shall provide or assure the provision of screening services in accordance with the most current evidence-based clinical guidance, as detailed in the Breast and Cervical Cancer Services policy manual.

§371.11. Follow-up and Case Management Requirements.

Participating providers shall:

(1) provide or assure provision of follow-up and case management services that comply with the Breast and Cervical Cancer Services policy manual; and

(2) ensure that women eligible for services who have abnormal breast or cervical cancer screening or diagnostic results, receive follow-up services, including case management, until a diagnosis is reached and/or treatment for cancer is initiated.

§371.13. Payment for Services.

(a) Payment for clinical screening and diagnostic services shall be on a fee-for-service basis.

(b) Payment will be subject to audit by the Texas Health and Human Services (HHSC). HHSC shall approve covered services at payment rates that shall not exceed the maximum state Medicare rate for that procedure. A list of procedures approved for payment shall be included in all requests for proposals and contracts.

§371.15. Client Fees.

Participating providers may charge clients fees for services in accordance with the Breast and Cervical Cancer Services policy manual.